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Statement of Contributions Received

Prescribed by Secretary of State 3 05

N			-				
Name of Committee in Full							
Citizens for Burriss Full Name of Contributor			Danista	stion Num	han if DA	С	
			Registia	ation Num	ber. II FA	.c	
Tim Scarbrough	In., 1,, O	-time (I alter Organization*	L			Form (Cash, Che	aal: ata)
Street Address	Employer Occup	ation/Labor Organization*				, ,	eck, etc.)
285 Reinhard Ave		T	Т	T =		Check	
City	State	Zip Code	M	D	Υ _	Amount	100.00
Columbus	O H	43206	0 8		1 7		100.00
Full Name of Contributor Registration Number, if PAC							
Scott Stockman							
Street Address	Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)			
221 S Sylvan Ave						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43204	0 8	2 1	1_7		150.00
Full Name of Contributor			Registra	ation Num	ber, if PA	С	
William Mohr							
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
2567 Westmont Blvd						Check	
City	State	Zip Code	М	D	Y	Amount	
Upper Arlington	OH	43221	0 8	2 1	1 7		250.00
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·		ation Num		C	
Adam Friedman							
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1292 S 4th St		v				Check	
City	State	Zip Code	М	D	ΙΥ	Amount	
Columbus	ОН	43206	0 8	2 1	$\begin{vmatrix} 1 & 7 \end{vmatrix}$	1	50.00
Full Name of Contributor	1_0	40200				C	20.00
Full Name of Contributor Registration Number, if PAC Carolyn Casper							
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Che	eck_etc.)
2545 Northwest Blvd	Employer Gecup	ations Eabor Organization				Check	con, cic.,
City	State	Zip Code	М	D	Y	Amount	
	OH	43221	0 8	l l	$\begin{bmatrix} 1 & 7 \end{bmatrix}$	inount	100.00
Columbus	10 11	1 43221	_				100.00
Full Name of Contributor Registration Number, if PAC							
Leo Almedia Street Address	[F1	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	ook ato)
	Employer Occup	atton/Labor Organization				Check	cck, cic.)
3862 Abbie Lakes Dr	Contract	2. 6. 1.	Τ.,,	T D	Y		
City	O H	Zip Code	M	D		Amount	35.00
Canal Winchester	ОН	43110		2 1			33.00
Full Name of Contributor			Registra	ation Num	ber, if PA		
Michael Joyce							
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
2561 Chester Rd		T		T _		Check	
City	State	Zip Code	М	D	Y	Amount	400.00
Upper Arlington	O H	43221	0.8		1 7	L	100.00
Full Name of Contributor Registration Number, if PAC							
Maddy Lomax-Vogt							
Street Address	Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)			
331 Chittenden Ave, Apt C						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43201	0 8	2 1	1 7	L	25.00

Page Total \$	810.00
rage rotars	010.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]